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FAX

To Ms. Karen J. Balderung From Nathan Estroff
Reports Analysis Division
Company Federal Elections Commission Phone number (513) 474-6839
Fax number (202) 219-0174 Fax number _____
Date 12/28/06 #2 Total pages 4 (including cover)
Job number _____

26039322855

December 28, 2006

Ms. Karen J. Balderama

Senior Campaign Finance Analyst

Reports Analysis Division

Federal Election Commission

999 E Street, NW Washington, DC 20463

RE: Common Sense Ohio - Form 9 - RFAI dated November 28, 2006

Dear Ms. Balderama:

This is in response to your letter dated November 28, 2006 in which you requested the employer and occupation information for the above-referenced entity.

The following is the information you requested:

Nathan Estruth - Procter & Gamble, Executive


Lance McAlindon - Procter & Gamble, Executive

John Lind - JD Cloud & Co. LLP, Certified Public Accountant

We have also attached the amended form.

Please contact the undersigned if you have additional questions.

Sincerely,



Nathan Estruth for

Common Sense Ohio

(Also sent via fax)

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS**

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
(a) Name <u>Common Sense Ohio</u>	2. FEC Identification Number <u>C</u>
(b) Address (number and street) <input type="checkbox"/> check if different from previously reported <u>1625 Vine Street</u>	
(c) City, State and ZIP Code <u>Cincinnati OH 45202</u>	
(d) Name of Employer or Principal Place of Business <u>Procter & Gamble</u>	
3. Is This Statement <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amended	
4. Covering Period From <u>01-01-2006</u> through <u>11-04-2006</u>	
5. (a) Date of Public Distribution <u>11-04-2006</u> (b) Communication Title <u>Hunting Tester</u>	
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 106.107 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Custodian of Records	
(a) Name <u>Lance McPherson</u>	
(b) Address (number and street) <u>1625 Vine Street</u>	
(c) City, State and ZIP Code <u>Cincinnati OH 45202</u>	
(d) Name of Employer or Principal Place of Business <u>Procter & Gamble</u>	
(e) Designation <u>Executive</u>	
9. Total Donations This Statement <u>11,224.00</u>	
10. Total Disbursements/Obligations This Statement <u>11,224.00</u>	

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

Nathan Estruth

DATE

12/28/06

NOTE: Any person (other than the filer) who provides information may subject the person signing this statement to the penalties of 2 U.S.C. 4379a.

List of Persons) Sharing/Controlling Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Controlling Control

<p>A. (a) Name <u>Nathan Estruth</u></p> <p>(b) Address (number and street) <u>1625 Vine Street</u></p> <p>(c) City, State and ZIP Code <u>Cincinnati OH 45202</u></p> <p>(d) Name of Employer or Principal Place of Business <u>Procter & Gamble</u></p> <p>(e) Occupation <u>Executive</u></p>	
<p>B. (a) Name <u>John Lind</u></p> <p>(b) Address (number and street) <u>1625 Vine Street</u></p> <p>(c) City, State and ZIP Code <u>Cincinnati OH 45202</u></p> <p>(d) Name of Employer or Principal Place of Business <u>JD Cloud & Co. LLP</u></p> <p>(e) Occupation <u>Certified Public Accountant</u></p>	
<p>C. (a) Name <u>Lance McAlinden</u></p> <p>(b) Address (number and street) <u>1625 Vine Street</u></p> <p>(c) City, State and ZIP Code <u>Cincinnati OH 45202</u></p> <p>(d) Name of Employer or Principal Place of Business <u>JD Cloud & Co. LLP</u></p> <p>(e) Occupation <u>Certified Public Accountant</u></p>	
<p>D. (a) Name</p> <p>(b) Address (number and street)</p> <p>(c) City, State and ZIP Code</p> <p>(d) Name of Employer or Principal Place of Business</p> <p>(e) Occupation</p>	
<p>E. (a) Name</p> <p>(b) Address (number and street)</p> <p>(c) City, State and ZIP Code</p> <p>(d) Name of Employer or Principal Place of Business</p> <p>(e) Occupation</p>	

FORM 100-1005

FEDERAL BUREAU OF INVESTIGATION

The FEC added this page to the end of this filing to indicate how it was received.

(5/2004)